Department of Public Health and Human Services
MENTAL HEALTH SERVICES BUREAU

SECTION
GENERAL PROGRAM ADMINISTRATION (SURS)

SUBJECT
Surveillance and Utilization Review

REQUIREMENT

Federal regulations require states to develop and implement statewide surveillance and utilization control programs to promote the most effective and appropriate use of available services. Utilization control must include a post-payment review process for reviewing consumer utilization profiles and provider service profiles to identify and correct misutilization practices. The Department's Surveillance Utilization and Review Unit is responsible for claim surveillance and utilization review.

PROCEDURES

Procedures and mechanisms employed by the Surveillance Utilization and Review Unit include, but are not limited to:

1. Review of consumer profiles of service utilization;

2. Review of provider claims and payment history;

3. Computer-generated listings of duplicate payments, conflicting dates of service, and over utilization;

4. Internal checks on claim pricing, procedures, quantity, duration, deductibles, co-insurance, provider and consumer eligibility;

5. Medical staff review an application of established medical service parameters;

6. Field auditing activities; and

7. Computer-generated comparative analysis by provider type.

EXPLANATION OF MEDICAL BENEFITS (EOMB) PROGRAM

Every month the Department mails an EOMB to randomly selected consumers. The EOMB details services paid in the consumer's behalf during the previous month. The consumer is requested to verify the receipt of the services and return the form. If a consumer contacts the provider about an EOMB, the provider should refer the consumer to the Department's Surveillance Utilization and Review Section.

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